FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAG	Reservion		FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organ YES for AHS	nization)	 -	Rev. 03/2003) or Office Use O	
IMPORTANT: Indicate type of committee you are reporting for:		C	omm. #	
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot leaue/Franchise Committee (7)County/City C (6)Support State of Candidates	4)County/Local Candidate entral Committee		cenned)
CANDIDATE COMMITTEES ONLY:		A	udited	
Candidate Name	Political Party		-	
Office Sought	District (if Senate or House)		MAY	1 5 200 3
SIGNATURE OF TREASURER (or person filing this report)	5/5-463-304 TELEPHONE	(6		15-03 SIGNED
Late filed reports are subject to	possible civil and cri	minal p	enalties.	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	FOLLOWING SENTENC	<u>E:</u>		
I AM FILING A May 19	REPORT FOR AN/A (1) ELI		(2)NON-ELEC	CTION YEAR.
(report date)				
Indicate one 1		Local Cor	nmillees, enter	Date of Election
CHECK IF AMENDMENT TO REPORT DATED		4-22-03		
			Local Committe	es, enter County in
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss	f Dissolution Form DR-3. solution is filed.)	Story	CHOIT IS FICIG	
			`	
STATEMENT	OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is fir	s the cash on hand at the end		404.01	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			25.00	
Schedule A: Cash Contributions total (Attach Schedul	le A) (*also see in-kind below))	25.00	
Schedule F: Loans Received total (Attach Schedule F			0.00	
Schedule H: Total Sales of Campaign Property (Attac			0.00	
(Schedule H applies to Candidates' Comm				
Todinedaje noppisatio da lejasta de lejasta	SUB-TO1	TAL\$	429.01	_
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			429.01	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans be	low)	0.00	
Schedule F: Loan Repayments total (Attach Schedule	e F)	••••••		
CASH ON HAND at the end of this reporting period (if final reporting period		\$	0.00	
			0.00	
**UNPAID BILLS (From Schedule D - Attach Schedule D)			0.00	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched			0.00	<u> </u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedul	e F)	\$		
CANDIDATE COMMITTEES ONLY:				
CONSULTANT BREAKDOWN (Schedule G Attached?)			\	'ES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate a bersonal innoa)	
COMMITTEE NAME (Must be same as on Statement of Organization)	
YES for AHS	

SCHEDULE A	MONETARY RECEIPTS		
(Rev. 06/97)			
MENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5-6-03	ID# CK#	Steven Saxton 3327 Goldenrod Circle Ames, IA		\$ 25.00	
	ID#				
	ID#				
	CK#				
	CK#				
	ID#				
	ID#				
	CK#				
I	CK#				
	ID# CK#				
	ID# CK#				·
	ID# CK#				
		TOTAL (if last page	SUB-TOTAL	\$ 25.00	

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguintly (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page I of I (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF ENDING FORM

COMMITTE	NAME (Must be s	same as on Statement of Organization)		
YES for Al	HS.			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-13-03	ID# CK# ₇	Iowa Ethics and Campaign Disclosure Board Des Moines, IA	Penalty	\$ 20.00
6-15-03	ID# CK# 8	Deh Fenclly 3431 Valley View Rd. Ames, IA	Postage for thank you notes	23.68
6-15-03	ID# CK# 9	Ames Community Schools Ames, IA	Balance of funds donated to School District	385.33
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#	:		
	ID#			
	CK#			
<u> </u>	· · · · · · · · · · · · · · · · · · ·		SUB-TOTAL	\$ 429.01
			TOTAL (if last page of this schedule)	\$ 429.01

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONL'	THIS B	OX APPL	ES TO C	ANDIDATES'	COMMITTEES	ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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